

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/24/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN PARK ASSISTED LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 5045 W 52ND ST INDIANAPOLIS, IN 46254			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R0000	<p>This visit was for a State Licensure Survey.</p> <p>Survey dates: August 20, 21, 22, 23, 24, 2012</p> <p>Facility Number: 003915 Provider Number: 003915 AIM Number: NA</p> <p>Survey Team: Dinah Jones, RN T.C. Patti Allen, BSW</p> <p>Census bed type: Residential: 50 Total: 50</p> <p>Census payor type: Other: 50 Total: 50</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/27/12 by Suzanne Williams, RN</p>		R0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0144	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to maintain good repair and clean flooring and furniture in 4 of 7 resident apartments observed and in hallways, screened-in porches, and lounges used by residents. This affected the 4 residents residing in the apartments, and potentially affecting all 50 residents residing in the facility. (Residents #44, 3, 16, 2)</p> <p>Findings include:</p> <p>Environmental tour was done on 8/24/12 at 11:00 a.m., with the facility Environmental Service Director, with the following observations:</p> <ol style="list-style-type: none"> 1. In Resident #44's apartment, the bathroom door had a hole approximately 3 inches by 4 inches in the middle of the door. One resident occupied this apartment. 2. In Resident #3's apartment, the carpet throughout the apartment had a heavy accumulation of dirt and stains. One resident occupied this apartment. 	R0144	<p>It is the intent of this facility to provide an environment that is clean, orderly and in a good state of repair; both inside and out while providing reasonable comfort for all residents. I. A new bathroom door has been ordered for Resident #44. It will be replaced upon its arrival. Resident # 3, #2, #16 will have carpet replaced. Bids for carpet cleaning and spot removal have been obtained for 100, 200, 300, 400 nursing unit hallways, two of two television lounges, and three of three resident lounges. Cleaning of all noted areas will be completed on 9-20-2012. The carpets are scheduled to be cleaned monthly. All four resident screened porches have been cleaned and are free of dirt, dust, and stains on the furniture and floors. II. All residents have the potential to be affected by this deficient practice. All facility doors will be assessed and appropriate repairs will be made. All resident carpets will be audited and evaluated for replacement or deep cleaning; identified carpets in need of replacement will be scheduled at a rate of two rooms per month. All other resident areas will be assessed for cleanliness, fitness and repairs</p>		09/24/2012		

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	<p>3. In Resident #2's apartment, the carpet throughout the apartment had a heavy accumulation of dirt and stains. One resident occupied this apartment.</p> <p>4. In Resident #16's apartment, the carpet throughout the apartment had a heavy accumulation of dirt and stains. One resident occupied this apartment.</p> <p>5. The carpet located throughout the 100, 200, 300, and 400 nursing unit hallways, two of two television lounges, and three of three resident lounges had a heavy accumulation of dirt and several stains, multiple in size, color, and shape.</p> <p>6. There was a heavy accumulation of dirt, dust, and stains on the furniture and floors, in four of four resident screened in porches.</p> <p>In an interview with the Administrator and Resident Health Coordinator on 8/21/12 at 4:00 p.m., they indicated they were aware of the concerns of the appearance of the soiled, dirty, and stained carpets, and the furniture and floors of resident screened in porch.</p> <p>An interview with the facility Environmental Service Director, on 8/24/12 at 12:35 p.m., indicated the above listed observations could potentially</p>		<p>will be made as areas are identified. III. The environmental services director will conduct common area facility rounds daily observing cleanliness, carpet conditions, and items in need of repair. The environmental service director or designee will observe each apartment weekly for carpet stains or items in need of repair. All staff will be educated on September 10 th , 2012 on the process for identifying environmental concerns. The administrator will meet with all residents and educate them at the next resident council meeting on services provided by the facility including maintenance repair. IV. The administrator or designee will audit all common areas five times weekly for one month and then once weekly thereafter. A random audit will be completed of resident rooms by the administrator or designee five times weekly for one month and then once weekly thereafter. All results will be reported to the QA committee. V. September 24 th , 2012</p>				

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	affect the 50 residents residing in the facility.						